



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3153

<b>SERIAL NUMBER</b> 09/577,258	<b>FILING DATE</b> 05/22/2000 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> P-8769.00
<b>APPLICANTS</b> Richard L. Weiner, Dallas, TX; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/136,690 05/29/1999 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/19/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 51
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> CHALRES W. SHIFLEY BANNER AND WITCOFF, LTD. 10 SOUTH WACKER DRIVE, SUITE 3000 CHICAGO ,IL 60606				
<b>TITLE</b> PERIPHERAL NERVE STIMULATION METHOD				
<b>FILING FEE RECEIVED</b> 1534	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
<input type="checkbox"/> All Fees				<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )				<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____				<input type="checkbox"/> Credit



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<b>SERIAL NUMBER</b> 09/577,258	<b>FILING DATE</b> 05/22/2000 <b>RULE</b> _	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> P-8769.00
<b>APPLICANTS</b> ✓ Richard L. Weiner, Dallas, TX ;				
<b>** CONTINUING DATA *****</b> ✓ THIS APPLN CLAIMS BENEFIT OF 60/136,690 05/29/1999				
<b>** FOREIGN APPLICATIONS *****</b> ✓				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 07/19/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>John Rued</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 51
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> Medtronic, Inc. 7000 Central Avenue N. E. Minneapolis ,MN 55432				
<b>TITLE</b> Peripheral nerve stimulation method				
<b>FILING FEE RECEIVED</b> 1534	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	